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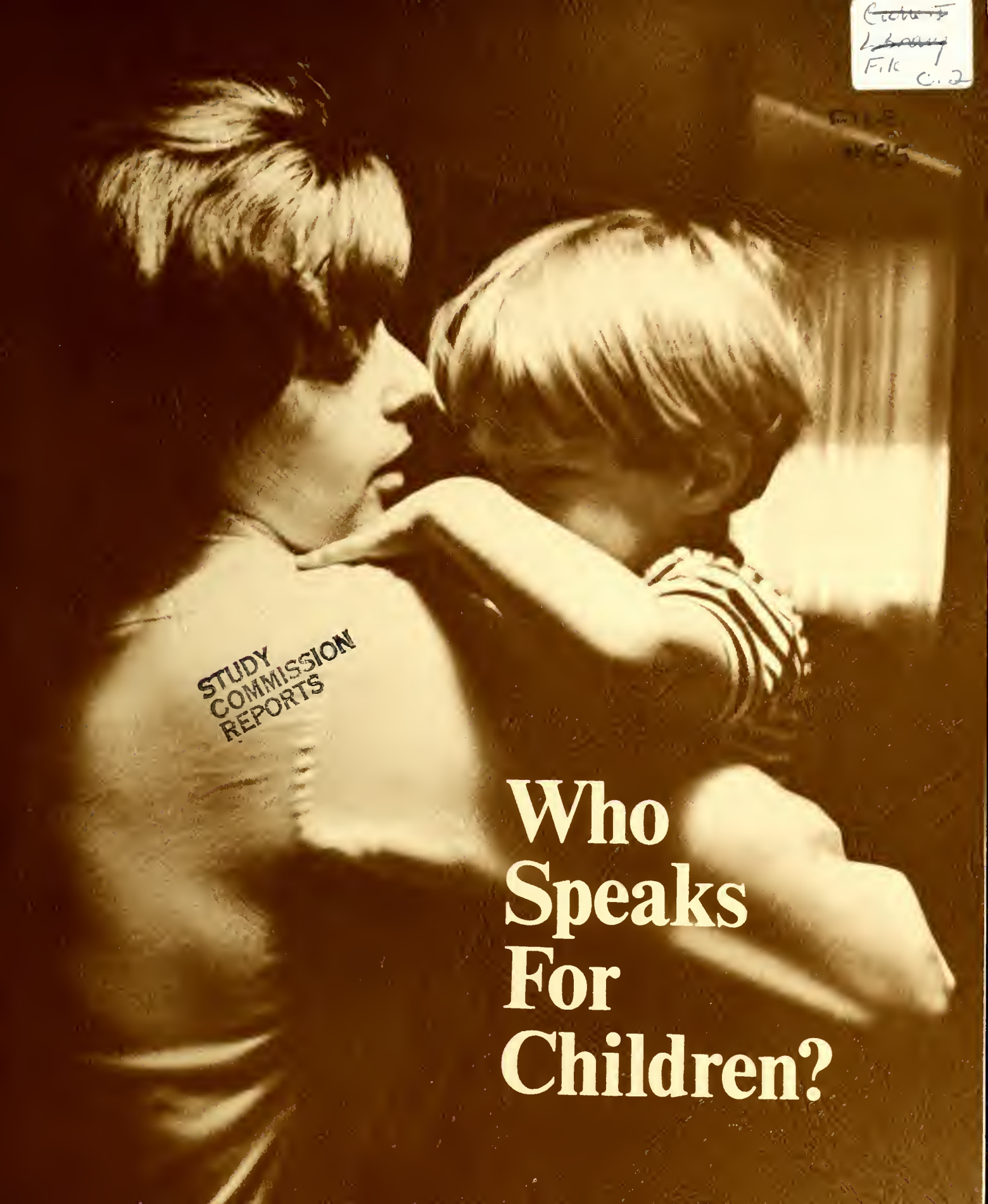

STUDY COMMISSION REPORTS

Who Speaks For Children?

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Who Speaks For Children?

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State of North Carolina
Study Commission on North Carolina's
Emotionally Disturbed Children

P. O. Box 5746; Raleigh, North Carolina 27607

December 8, 1970

His Excellency, Robert W. Scott, Governor of North Carolina, and
The Members of the General Assembly of 1971
Raleigh, North Carolina

Your Excellency, Ladies, and Gentlemen:

The General Assembly of 1969, by Joint Resolution 629, created the Study Commission on North Carolina's Emotionally Disturbed Children and charged it "to study in depth the situation of the emotionally disturbed child and the mental health needs of all children in the State."

This Commission, appointed as directed by the Resolution, has been engaged in its study since February, 1970. Professional and lay citizens across our State have been involved with the twelve Task Forces established by the Commission. The Commission has been assisted by position papers and opinions from agencies and institutions, the testimony of experts, and visits to various programs for children.

The Study Commission is honored to submit a summary report of its findings. A more detailed report will be available during February, 1971. We feel that North Carolinians will act on the basis of the facts presented for the good of their children and youth.

We seek your support for the Commission's recommendations for improved services for children. We appreciate the opportunity to serve our State.

Respectfully,

John A Fowler, MD

John A. Fowler, M.D., Chairman

BACKGROUND OF THE REPORT

Creation of new ways to prevent and treat the emotional and behavioral problems of our children is one of the most serious challenges facing society today.

Aware of this problem, the 1969 General Assembly established the Study Commission on North Carolina's Emotionally Disturbed Children to report to the Governor and the 1971 Legislature on the mental health needs of all children in the State, as well as the situation of the emotionally disturbed child.

This summary report, **Who Speaks For Children?**, presents the recommendations of the Commission, beginning with the priority for broadening our approach to the care of children. A more complete report to be issued in February, 1971, will provide additional information about the Commission's findings.

North Carolina is the first state in the nation to undertake such a study. In 1969, the Junior Leagues of the State conducted a Forum on the Emotionally Disturbed Child and published a report of its findings. In the larger national context, a Joint Commission on Child Mental Health was authorized in 1965, charged with reporting on needs of children similarly to the 1961 Joint Commission's Report on general mental health.

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THE MAJOR RECOMMENDATION OF THE STUDY COMMISSION

1. North Carolina should establish a Governor's Advocacy Commission on Children and Youth by legislative action. The Advocacy Commission would plan, facilitate, and coordinate services and would serve as an advocate in the interest of children, youth, and their families. It should take as its mandate the security and rights of all children and youth in North Carolina. The Commission would not be responsible for providing services directly, as this function would be incompatible with its role as advocate.

It is recommended that the Governor's Advocacy Commission be composed of nineteen persons, including citizens, legislators, and administrators of child-serving agencies. It should encourage the formation of regional and local advocacy groups.

(Other recommendations follow in the body of the report.)

CHILD ADVOCACY: A VOICE FOR CHILDREN

All of our young have certain needs—to be wanted, and to be provided with food, shelter, loving care, protection and help—as they learn how to cope with the problems of life.

The family and the community share the responsibility of speaking for these needs—they are the traditional child advocates.

Today, many stresses in our society make it difficult for the traditional advocates to be heard. No single agency in the community speaks for the total child. Our efforts to help children are fragmented among agencies. There is little coordination. There is no plan for developing services to fill the gaps that exist in the care of our young.

To remedy this, the Study Commission recommends a North Carolina Governor's Advocacy Commission on Children and Youth be created to speak in behalf of all young people.

The Governor's Advocacy Commission would ▪ act as spokesman for individuals and groups of children, youth, and their families ▪ maintain a continuing assessment of efforts to serve children's needs ▪ work with existing State agencies to develop approaches to fill the gaps in child care ▪ help State agencies coordinate their efforts, develop joint programs, and avoid duplication ▪ review new programs affecting children ▪ recommend ways for the Governor and the General Assembly to improve child care ▪ serve as the State structure for coordinating communication with federal advocacy systems ▪ provide information to the public on issues affecting children, youth, and their families ▪ provide assistance in the development and coordination of regional and local child advocacy systems within the State ▪ include in its structure methods for evaluating its own effectiveness.

The Advocacy Commission will not replace any existing agency. It will not provide services directly to a child. Rather, it will advocate on behalf of the children of our State.

Advocacy For Whom?

Advocacy is for all of our children from birth to age 18. That's about 40 per cent of the population of the State. Babies, toddlers, preschoolers, school age youngsters, teen-agers, dropouts, handicapped children, juvenile offenders, pregnant teen-agers, *all* children and youth.

Why Child Advocacy For North Carolina?

The twelve Task Forces of the Commission (involving the efforts of some 235 citizens across the State) have provided reports and data concerning children in North Carolina. These reports also provide important information about the agencies of State and local government which offer various services to children. There are some excellent programs which illustrate our genuine concern. But there also are serious problems among our youth. Studies show a pressing need for better planning and more effective coordination among agencies, serious gaps in services, inadequate quality in some programs for children. While North Carolina needs a plan to insure provisions for all children, it should take pride in what some communities are doing well.

We Have Excellent Programs With Which To Begin

Throughout communities of the State, there are some programs which recognize the needs of children. They provide examples of approaches the Governor's Child Advocacy Commission would foster. The aim of the Commission would be to insure statewide provisions such as these for all children.

Some communities have developed examples of advocacy for *the very young.*

In Greensboro, the Child Care Center operates a program in which preschoolers and their parents share experiences directed toward learning and building self-respect. Also, there is a project to teach teen-age mothers how to care for their infants.

In Morganton, Skyland Day Care Center, sponsored by an industry, provides care for toddlers whose mothers work for the industrial plant. Mothers see their children in the plant nursery during the breaks in their day.

In Elkin, all children come to summer school before first grade, giving them and their teachers a chance to know each other. The school program then is adapted to each child's needs.

In Haywood County, eight major agencies cooperate to offer assistance to all high risk babies; to provide special health care to children under age five; to follow children after hospitalization. Children entering school are provided special screening.

Some communities have developed examples of advocacy for *the school age child.*

In Raleigh, Project Enlightenment is providing assistance to young children and their teachers in nursery schools, child care centers, and kindergartens. Another program, Bridges-to-Hope, provides an individual child with a friend—like a big brother—who helps him as a special person.

In Pitt County, a resource teacher, especially trained, works with autistic children.

In Moore County, Project CARE offers a reorganized school environment for children, some of whom have trouble learning. Children help children, and parents participate in the program.

In Durham, the county and city schools provide a program in which child specialists come into the schools to work with the child, his teachers, and his parents. Wright School is strengthening community services across the State for children who come for re-education.

Some communities have developed examples of advocacy for *teen-agers.*

In Winston-Salem, the Youth Services Bureau provides community-based programs for troubled youth, some of whom are returning to the community from State penal institutions.

In Chapel Hill, teen-agers are helping other teen-agers through Operation Switchboard, a drug abuse action group.

The Cooperative School in Durham helps adolescent pregnant girls who want help and continued schooling.

Yet There Is No Unified Commitment To Children And Youth

All children, from time to time, need help in resolving emotional conflicts if they are to develop full, happy lives. During infancy and preschool years, children are especially vulnerable to pressures as they try to learn to grow up. The Study Commission found there is no real help available to children in coping with emotional conflicts. We know much about how to deal with them. Yet, the Commission found no one is effectively empowered to speak for children and youth who suffer conflicts within themselves, their families, with other children, and in their schools and communities.

The huge gap between what we know we must do, what we know how to do, and what we are actually doing shows in these facts:

■ Approximately 30 per cent of babies born to teen-age girls in our State are illegitimate ■ Over 20 per cent of annual births in our State are born to girls, aged 14 to 19, who are young, inexperienced mothers ■ Family disruption due to mobility, broken marriages, poverty, and unemployment causes increasing stress on children and adolescents ■ Of our 600,000 children, aged six or younger, 60 per cent of their mothers work outside their homes ■ One of every six children below age 6 is in a day care facility, only 15 per cent of which are voluntarily licensed by the State Department of Social Services ■ Only a small percentage of our preschool programs, including kindergartens, are approved by the State Department of Public Instruction ■ Over 2,000 child abuse and neglect cases are reported in North Carolina each year ■ One in ten children fails first grade ■ Forty-five per cent of first graders do not graduate from high school ■ Helping services such as counseling in our schools are inadequate in number and far below national standards ■ Nearly 40 per cent of our families, many with children, have a combined annual family income of $3,000 or less ■ Approximately 1,700 new children enter juvenile correction schools in our State each year ■ Juvenile crime shows a

marked increase in recent years. No State facts are available. Nationally, one of every nine youths is referred to juvenile court before age 18 ■ No unified juvenile justice system exists in our State. Services for juvenile delinquents are now broken up among three State departments ■ There are 60,000 mentally retarded children in North Carolina, of which 16,500 are of preschool age, and 43,500 aged 6 to 18 years ■ Over 2,400 children in our State are in need of residential treatment for emotional disturbance, but we have only 110 child and adolescent spaces.

Present Programs Are Insufficient

"Programs for prevention, educational intervention, and treatment are unevenly distributed, meager in quantity and quality, and poorly coordinated. Services are deficient in quality, if not quantity, for prenatal care, infant care, preschool care, and support of the public school classroom teacher." This was the situation found by the National Commission on Mental Health of Children. According to findings of the Study Commission, similar problems exist in North Carolina.

An Alamance County study describes a child who was seen by several specialists, each working for the child's well-being, yet none saw the total child. The teacher advocated for his educational needs, the doctor for his physical health, the psychiatrist and social worker for his emotional health and family stability, and the caseworker for his economic security.

Diagnostic labeling has led to a child receiving services only if he has the appropriate label. Thus, a boy in Raleigh was turned away from classes for the retarded because he was partially deaf, from classes for the deaf because he had emotional problems, and from classes for the emotionally disturbed because of his intellectual limitations. In another instance, parents pled without success to more than fifty agencies to help their child.

The "social trap" describes the child in trouble who may be involved with different agencies without any agency knowing of the involvement of the others. There is also the opposite effect when no agency takes adequate responsibility, as seen in the recent case of a ten-year-old who remained in a Fayetteville jail for over a week.

Few social service agencies in North Carolina have personnel to work specifically with children. Where such programs can be offered, they often overlap. The Department of Social Services provides psychological services for children in areas where the same services are offered by facilities of the Department of Mental Health. A survey of physicians shows that nearly all services except psychological testing are difficult to arrange, too expensive, or unavailable.

Few Developmental Evaluation Clinics and Pediatric Supervisory Clinics have personnel to work specifically with the mental health needs of infants and preschool children. More preventive, treatment, and follow-up services should be established. Diagnostic and treatment plans should be shared with the public schools and pediatricians.

Authorities say that many children are taken away and placed in institutions when with small effort they could remain in their communities.

If a child in an institution is mistreated, a complaint is sometimes filed with the Governor. The practice has been for the Governor's office to send the complaint to the State agency involved, which sends the letter down the administrative ladder. The letter ends up in the hands of the person against whom the complaint has been made, and often this person is unable or unwilling to make a change in his procedures.

The Commission should be composed of nineteen persons as follows:

Nine citizens, appointed by the Governor.

Two youth representatives, appointed for two-year staggered terms; one youth 16-21 years of age, and one youth below age 16.

Seven citizens, appointed for four-year staggered terms.

These citizens should include persons who have evidenced an interest in and a knowledge of the problems of children and youth, persons who work with them on a daily basis, and representatives of organizations concerned with the problems of children and parents.

Four members of the General Assembly, two from the Senate, appointed by the President; two from the House of Representatives, appointed by the Speaker; these four appointees to serve two-year terms.

Administrative heads (or designated representatives) of the Departments of Health, Mental Health, Social Services, Public Instruction, Juvenile Correction, and Local Affairs. If agency representation on the Commission is increased, citizen representation should be increased in like number.

The Advocacy Commission should be assisted in its work by a professional staff, consisting of an executive director and such associates and helpers as deemed necessary by the General Assembly to carry out the work of the Commission.

The Advocacy Commission should consider itself an ombudsman for the children of North Carolina, taking their rights, needs, and grievances as its mandate, and exerting all effort—including legal power—to advocate the interests of children.

The Advocacy Commission should begin its work by taking inventory of all existing services for children and youth in the State, making use of the studies and recommendations of this Commission, other recent studies,

HOW THE PROPOSED ADVOCACY COMMISSION WOULD WORK

and conducting investigation where necessary. The Commission should be free to set priorities and direct its attention to areas of greatest need.

The Advocacy Commission should give high priority to activities which will insure proper diagnosis, treatment, and care for children and youth who have emotional, mental, and physical handicaps. The Commission must regard treatment services and preventive programs as complementary activities, each highly important.

The Advocacy Commission should initiate and encourage direct communication between children and families and the agencies which serve them. Children often find it hard to be heard in their families; parents often find it hard to understand their children. The Commission should seek more effective means of using agencies to help family members talk and listen to each other.

The Advocacy Commission will pave the way and help generate efforts for a unified approach to child care at the local or regional level. What occurs in the local community is most important since this is where services reach the individual child. Local or regional advocacy councils should be created to perform such tasks as these:

Receive from individuals, agencies, civic groups, etc., suggestions for needed services for children, and determine those on which action can be facilitated.

Review proposals for new programs—national, state, or local—which relate directly to the needs of children. Evaluate the resources for carrying out such programs.

Receive suggestions about services from individuals, agencies, civic groups, etc., and facilitate solutions to these. It could request reports from agencies regarding services when there is a question of privileged communication. It would participate in evaluation of agencies.

Review proposals for new funds and make recommendations regarding these. This review would include agency proposals for programs derived from tax sources.

Establish ties with health planning agencies to enhance communication and promote efforts for child programs within a broad approach to health planning.

Serve as a resource for groups, such as parents, concerned about unmet needs in developing programs or utilizing existing ones.

Maintain records on service functions in the region and make these available to those engaged in delivery of services to insure coordination.

Investigate and evaluate needs in order to help establish priorities in new programs.

Serve as a clearinghouse for agencies seeking to recruit new professionals. It would study manpower needs in child services and encourage universities, colleges, and technical schools to implement needed training programs.

Cooperate with local community groups in furthering their programs for children.

Cooperate with the State Advocacy Commission and State agencies in insuring their commitments to children.

The Commission found that adequate care of children, as well as its plan for child advocacy, will require improved approaches to a child's health and well-being. The following recommendations suggest necessary changes in the manner in which we plan and coordinate child care services, the training of those who work with children and families, and research and evaluation of child care programs.

PLANNING: A VISION OF THE TOTAL CHILD

North Carolina needs a vision of child care which provides for the total child. This requires a comprehensive plan of child care which coordinates the services of all agencies involved in the care of children.

The Study Commission found that no single community or county in North Carolina offers what can be considered comprehensive care to its children. We must know about the children whom we are serving, the services we are now providing, and the services we are not providing.

We need a plan for child care in which programs are designed to fit children, rather than agencies or professionals. We must do less "crisis" work, and work harder to develop preventive programs. We must take stronger measures to help troubled children in their regular school and community environments. Where this is not possible, we must have adequate treatment centers. We must give more attention to adequate infant care, and we must establish program standards for the care of our young in day care and preschool programs. We must give more attention to helping teen-agers cope with problems, such as drugs and early pregnancy. We must improve the methods by which we assist the young lawbreaker back into society.

The Study Commission recommends that all State agencies concerned with children and children's services should be encouraged to share budgets through inter-agency planning. We must continue to attack the problem of how to help those who are unable to pay, unaware of where to go for help, or unaware that their child needs help.

THE STUDY COMMISSION MAKES THE FOLLOWING RECOMMENDATIONS ON PROGRAMS AND SERVICES:

2. Greater emphasis should be placed on developing comprehensive services for children, utilizing all available agencies.

3. An information retrieval system to facilitate coordination of agency and professional efforts to aid children should be established. Access would be strictly on a professional need-to-know basis, and great care should be taken to guard the privacy of the involved individuals.

4. A central directory of available services should be established for use by professionals and private citizens.

5. More children's services should be developed by all agencies serving human needs.

6. Policies of agencies should provide that all services for children be performed as near the child's home as possible.

7. Since crisis work is done at the expense of preventive programs, departments concerned with health, education, and social services should coordinate development of pilot preventive projects for demonstration purposes.

8. Standards and guidelines should be established for "mothering care" in preschool and day care programs.

9. Day care programs for infants and preschool children should be improved and periodically evaluated. Licensing of programs should be mandatory.

10. Comprehensive programs for adolescent pregnancies, including counseling of both mother and father, should be developed.

11. More appropriate child care services should be made available to people who are unable to pay the full cost.

12. Preschool entry and evaluation programs should be established for five-year-olds.

13. North Carolina should continue the establishment of a statewide system of public kindergartens.

14. Within the public schools, emphasis should be placed on teaching children in the regular classroom. More school mental health programs, including a limited number of special classes within the context of a comprehensive program for emotionally disturbed children, should be developed.

15. Diagnostic and treatment services for children within existing mental health clinics should be expanded.

16. Services in Developmental Evaluation Clinics and Child Health Supervisory Clinics should be expanded.

17. Separate child and adult facilities should be maintained in general and state hospitals, recognizing that occasionally it may be desirable to treat adolescents in facilities for adults.

18. The organizational structure of the juvenile courts and corrections should be unified. A system of mandatory reporting should be established for all juvenile courts.

19. Communities should be encouraged to establish specialized juvenile law enforcement units which are trained to work with children and parents.

20. Care should be taken to select juvenile court judges who demonstrate concern and competence with the specific problems of children.

21. Innovative residential programs for children should be encouraged, such as year-round camps, re-educational programs, therapeutic day care centers, night care programs, therapeutic nursery schools, therapeutic residential summer camps.

22. Residential treatment centers, in the continuum of child care services, should be given additional financial support and trained personnel.

23. Residential treatment centers should increase efforts to coordinate their programs with other community facilities and programs.

NEW APPROACHES TO TRAINING THOSE WHO WORK WITH CHILDREN

A comprehensive plan for services requires new concepts of training those who work with children. Few children's problems fit into the disciplinary lines of highly specialized professions. We need a new concept of training which recognizes interdisciplinary training. The person entering nursing, education, social work, psychiatry, or other disciplines must be familiar with more aspects of a child's life than those covered in his specialty.

Interdisciplinary training should come during a person's regular training for his specific work. Training programs should provide an early chance for work with children and adults in a variety of settings that extend beyond the boundaries of one profession.

A broad range of professionals are concerned with the happiness and well-being of children—educators, health personnel, ministers, group workers, juvenile law and court personnel, social workers, psychologists and psychiatrists. At present, not enough of these people are being trained to handle the problems of children.

Training for work with children is not available in all regions of the State. Institutions and agencies across North Carolina—universities, community colleges, hospitals, technical schools—should cooperate to provide special courses to help develop skills for working with children and families.

THE STUDY COMMISSION MAKES THE FOLLOWING RECOMMENDATIONS ON MANPOWER AND TRAINING:

24. The basic training of all mental health workers should include child development.

25. Quality in-service training programs for all State and local agencies with child-serving personnel should be established. This should include workers in mental health, social services, hospitals and other centers, teachers and administrators in public schools.

26. Regional inter-agency training programs should be established and should be financed by inter-agency funding. Programs should provide training for both new and experienced personnel. Teachers who conduct training programs should include practitioners who work well with children and who have the ability to teach. Training sites should utilize both traditional and innovative child service programs from which to teach.

All personnel working with children should be provided interdisciplinary training and information about many agencies. Training programs should emphasize child development lines: conception, infancy, preschool, school age, and adolescence. Training should emphasize direct work with children under qualified supervision rather than lectures about children.

27. A major training center should be established to provide training for work with children similar to the training provided by the Institute of Government for government officials.

28. Schools of medicine, nursing, and social work should place more emphasis in their programs on child development, including clinical work.

29. Departments of psychology should produce more practicing psychologists who can relate to children and parents and should develop master's programs in clinical psychology.

30. Child psychiatry training should comprise one-third to one-half of the residency training of all psychiatrists. Consideration should be given to shortening their traditional undergraduate and medical education.

31. Multi-disciplinary programs on the graduate level should be expanded to train consultants for personnel working with children.

32. Undergraduates should be offered the opportunity to major in such disciplines as psychology and social work, and their training should equip them to provide services to children.

33. The curriculum of law schools should emphasize the legal rights of children and give more specific courses in juvenile law.

34. All agencies and institutions hiring untrained personnel should organize and accept responsibility for training programs to further the advancement of employees who show aptitude and interest.

35. New emphasis should be placed by agencies on the recruitment and training of employees, such as psychiatric, pediatric, or psychological aides, etc.

36. Educational institutions (for example, community colleges and technical schools) should be encouraged to develop innovative training programs for their personnel who show aptitude and interest.

37. Jobs for assistants, aides, and other personnel should be made available by opening opportunities for advancement.

38. As soon as possible, 50 per cent of the staff time of the State Department of Mental Health should be devoted to children.

39. The State Board of Education should be encouraged to seek legislative authority and funding to provide teacher training programs for disturbed children and to seek additional funds for the in-service training of all teachers.

40. Social service agencies should adopt a long-term goal of reducing the case loads of caseworkers to national standards.

RESEARCH: BETTER PROGRAMS FOR CHILDREN

We must know more about current efforts to help children—what is strong in our programs, what is weak. We need to know how to improve existing programs and what new ones are needed. To get this job done requires looking at significant questions, having trained researchers, and funding research efforts.

Today, child research in North Carolina is hindered by a shortage of trained personnel, lack of financial resources, lack of emphasis on conducting research and utilizing findings, and a lack of communication among individuals and agencies.

We need more research efforts to find out what occurs in child development between conception and age six, what kind of day care standards should be required, and what methods of early screening and evaluation will best detect physical and emotional difficulties. We need to know more about disadvantaged children and how traditional services and educational methods should be modified to help them. We need to know more about adolescents to help prevent the alienation that leads to drug abuse and juvenile delinquency. We need to develop more effective communication and counseling for this age group.

THE STUDY COMMISSION MAKES THE FOLLOWING RECOMMENDATIONS ON RESEARCH AND EVALUATION:

41. Methods for evaluation of the Advocacy Commission function should be developed and implemented as soon as possible.

42. Greater emphasis must be placed on evaluation of programs and services for children.

43. Proposals should be evaluated before new programs are begun, and continuing evaluation should be built in. Model facilities and programs for special services to children, such as the Wright School and the Therapeutic Educational Program, should be studied to determine how and why they are successful.

44. Models showing the alternatives available for the education of exceptional children and the provision of special services for schools should be funded in each of the State educational districts. The Department of Public Instruction, with local school units and service agencies, should serve as contractor for services.

45. Greater research efforts should be directed toward developing preventive programs in child health and care.

46. At least 10 per cent of State funds for training and services should be spent for research and research utilization.

47. Programs should be developed to train more child-oriented researchers.

48. A research information retrieval system should be established to keep researchers up to date on projects and to provide information about private and governmental research grants.

WHAT WE MUST DO

The recommendations of the Study Commission call not so much for new efforts as for a redefinition, a reorientation of present efforts toward solving problems.

The Study Commission recommends a Child Advocacy Commission approach, comprehensive planning and coordination of efforts to help children, revision of the training for the helping professions, and effective research about children.

It is within the means of North Carolinians to accomplish these things. Can we do less at a time when we know more about human needs, when we can predict with more certainty what happens when needs are not met, and when the cost of thwarted lives is felt so dramatically?

North Carolinians have always held that the human potential of our young is our greatest resource. Now is the time to show our conviction with action.

The Study Commission on North Carolina's Emotionally Disturbed Children wishes to recognize and express appreciation to the many individuals and groups whose efforts made the findings of the Commission possible. Among those contributing to the work of the Commission are:

Task Forces of the Commission and Chairmen: Marcelino Amaya, M.D.: Mrs. Robert C. Blades; John I. Boswell, Jr., M.D.; David F. Freeman, M.D.; Thomas M. Haizlip, M.D.; Eugene A. Hargrove, M.D.; Harold J. Harris, M.D.; Charles R. Keith, M.D.; William A. Lofquist; James T. Nunnally, III., M.D.; Christine E. McRee, M.D.; and Preston A. Walker, M.D.

Agencies Presenting Position Papers: Developmental Evaluation Center, Western Carolina University; North Carolina Association of Social Workers in Mental Health; North Carolina Psychological Association; North Carolina Department of Social Services; North Carolina Department of Mental Health; North Carolina State Board of Health; North Carolina Medical Society; North Carolina Society for Autistic Children; Child Health in Eastern North Carolina; North Carolina Council of Child Psychiatry.

State Agency Heads and Staff: Director, State Board of Health; Superintendent, State Department of Public Instruction; Commissioner, Board of Juvenile Correction; Assistant Commissioner, State Department of Social Services; Commissioner, State Department of Mental Health; Executive Director, Council on Mental Retardation; Director, Learning Institute of North Carolina; Attorney General of North Carolina.

Other Cooperating Groups: Junior Leagues of North Carolina; North Carolina Medical Society; State Government Reorganization Study Commission; North Carolina Mental Health Association; North Carolina Congress of Parents and Teachers; North Carolina Health Council; North Carolina Mental Health Council; North Carolina Legislative Study Commission on Use of Illegal and Harmful Drugs; other local and State groups.

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In case of questions or need for further information, please contact John A. Fowler, M.D., Post Office Box 2906, Duke University Medical Center, Durham, North Carolina 27706

A Report of the Study Commission on North Carolina's Emotionally Disturbed Children